

# ASHBURN CORE PILATES

## INTAKE FORM, WAIVER OF LIABILITY AND STUDIO POLICIES

Today's Date: \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State/Zip \_\_\_\_\_

Phone (Circle: Home/Cell/Work) \_\_\_\_\_ Email \_\_\_\_\_

Emergency Contact/Relationship \_\_\_\_\_ Phone \_\_\_\_\_

How did you hear about Ashburn Core Pilates? \_\_\_\_\_

What are your goals? What do you most want most from this program? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

### **YOUR HEALTH CONDITION**

Do you have any injuries, aches or pains (new or old)? Please explain: \_\_\_\_\_

\_\_\_\_\_

Are you presently doing any other kinds of therapies? YES NO What kind? (eg. Physical therapy, massage, etc) \_\_\_\_\_

### **Are you experiencing any of the following:**

Pregnant	YES NO	
Recently given birth (w/in the last 6 months)	YES NO	
Heart Disease	YES NO	
Asthma	YES NO	Inhaler? YES NO
Shortness of Breath or Chest Pain	YES NO	
High Blood Pressure	YES NO	
Osteoporosis/osteopenia	YES NO	
Significant Bone/Joint/Muscle Pain	YES NO	Location: _____
Back Pain	YES NO	
Herniated/slipped disc	YES NO	Location: _____
Arthritis	YES NO	Location: _____
Diabetes	YES NO	Insulin Dependent? YES NO
Any other? Please explain:		

\_\_\_\_\_

## **RELEASE AND WAIVER OF LIABILITY**

The physical exercise you will engage in at Ashburn Core Pilates may be rather strenuous, especially when coupled with the use of springs, straps, blocks or any other equipment that may be suggested by Ashburn Core Pilates instructors. Accordingly, Ashburn Core Pilates and its instructors strongly advise you to seek the advice of a physician before beginning this type of physical exercise. Ashburn Core Pilates is not a medical organization and neither its instructors nor staff can give you medical advice or diagnosis. All instructions relating to the use of equipment, poses, and moves are suggestions only; you are not required to perform any suggested activity, and only you can know your limits. You understand that, from time to time instructors may suggest physical adjustments of your body or the use of equipment and it is your sole responsibility to determine if any such suggested adjustment or equipment is appropriate for your level of ability and physical and mental condition.

Therefore, by signing below, you warrant, represent, and covenant that (a) you have truthfully filled out Your Health Condition section above; (b) you have consulted a physician who has agreed that you are healthy enough to engage in the type of physical activity you will experience at Ashburn Core Pilates, or that you have made such a self-determination; (c) you understand and agree with the paragraph above and that you will use the equipment and facilities at your own risk; (d) you will not hold Ashburn Core Pilates instructors liable for your injury or death incurred by your presence at Ashburn Core Pilates' premises or by your participation in any activity guided by Ashburn Core Pilates instructors at Ashburn Core Pilates premises, except when your injury or death is due to the gross negligence of Ashburn Core Pilates instructors; (e) you are responsible to safeguard your personal property, and you will not hold Ashburn Core Pilates liable for the loss, theft or damage of personal property you bring to Ashburn Core Pilates premises.

Initials of Participant: \_\_\_\_\_

## **PURCHASE POLICIES**

- ◆ Advance payment is required to sign up for group classes or private sessions.
- ◆ All group class and private sessions & packages have expirations dates. All purchases are non-refundable, but are transferable.
- ◆ We accept payment via cash, check and credit cards. There will be a \$30 service fee for rejected checks.

Initials of Participant: \_\_\_\_\_

## **MEMBERSHIPS**

- ◆ By purchasing a group class membership, you are agreeing to being billed on your chosen effective date, and every 1 month thereafter, until cancellation of your membership.
- ◆ All class credits included in your monthly membership must be used within that month; class credits do not roll-over between months.
- ◆ We require 30 days' notice to cancel your membership. This must be provided in writing to [info@ashburncorepilates.com](mailto:info@ashburncorepilates.com).
- ◆ Any changes to the membership option (increasing or decreasing the number of

classes per month), must be requested prior to your next billing date. Any changes requested for the current month of membership will become effective at the next scheduled billing date.

◆ Memberships may be paused for any reason, for 2 weeks or more. For any periods of less than 2 weeks, or 14 days, we are unable to pause memberships. Please plan and schedule classes around vacations, etc.

Initials of Participant: \_\_\_\_\_

**CANCELLATION POLICIES**

- ◆ All group classes are 50 minutes long, and all private sessions are 55 minutes long.
- ◆ Regardless of arrival time, all sessions will begin and end at the scheduled time.
- ◆ All group classes and private sessions require 12 hours’ notice of cancellation or rescheduling to avoid being charged in full.
- ◆ All “no-shows” to group classes and private sessions will be charged in full.
- ◆ Please cancel online or by calling/emailing the studio or your instructor.
- ◆ **Inclement weather:** Late cancellations due to inclement weather will be excused. If you deem the road conditions to be unsafe, we urge you not to attempt to drive to make a class or session. Please notify us as soon as possible if you will not be able to make class. Ashburn Core Pilates does not follow government or school district closures; any class cancellations are made in the interest of keeping clients and instructors as safe as possible.

Initials of Participant: \_\_\_\_\_

**PHOTOGRAPHY RELEASE**

From time to time, instructors will take photos while classes or appointments are in session. You will be notified prior to the photo being taken and you have the right to decline to be photographed at that time. Photographs may be used for any purpose and without compensation and you release Ashburn Core Pilates, LLC all rights to claim such image, likeness, recording, etc.

Initials of Participant: \_\_\_\_\_

I HAVE READ THE ABOVE ASHBURN CORE PILATES, LLC STUDIO POLICIES, RELEASE & WAIVER OF LIABILITY, AND FULLY UNDERSTAND ITS CONTENTS. I VOLUNTARILY AGREE TO THE TERMS AND CONDITIONS STATED ON ALL PAGES OF THIS FORM. STUDIO POLICIES ARE SUBJECT TO CHANGE. PLEASE REFER TO OUR WEBSITE WWW.ASHBURNCOREPILATES.COM FOR CURRENT POLICY INFORMATION.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

Legal guardian signature if participant is a minor: \_\_\_\_\_

